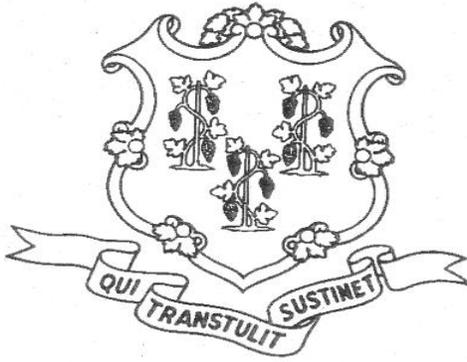


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab Rocky Hill	
Address (No. & Street, City, State, Zip Code) 45 Elm Street Rocky Hill, CT 06067	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2006-C	RHNS	(Specify)	Medicare Provider 07-5211
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Medicaid Provider Numbers:	CCNH 20065	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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### General Information

Name of Facility (as licensed) Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 1	of 37
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#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Rocky Hill [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Norma B. Mullings			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab Rocky Hill		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 45 Elm Street Rocky Hill, CT 06067				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date 12/31/2014	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-529-8661		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Rocky Hill			Address (No. & Street, City, State, Zip) 45 Elm Street Rocky Hill, CT 06067		
License Numbers:		CCNH 2006-C	RHNS	(Specify)	Medicare Provider No. 07-5211
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Norma B. Mullings			Nursing Home Administrator's License No.:	001958	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab Rocky Hill	Business Address 45 Elm Street Rocky Hill, CT 06067	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	



**General Information and Questionnaire  
 Related Parties\***

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	528,000	528,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	612,285	612,285
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	97,517	97,517
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	862,223	862,223
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	127,103	127,103
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	13,273	13,273
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	23,605	23,605
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	670,947	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	43,006	

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

**Annual Report of Long-Term Care Facility**

**General Information and Questionnaire  
Related Parties\***

Name of Facility Apple Rehab Rocky Hill		License No. 2006-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?						x Yes      No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	15,264	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	98,594	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	426,464	396,185
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	246,668	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	4,680	4,413
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 ## Related expense has been disallowed on Pg. 28 Line 23

Rocky Hill  
 Shared Employees  
 Provider 2006-C  
 Cost Year 09/30/2015

41001- Salaries - Administrator

Source	Facility	Employee	Amount	Hours
Misc JE's	AHC	N MULLINGS	21,153.88	440.00
Misc JE's	AHC	P. MILLER	31,442.30	496.00
Misc JE's	AHC	T HARRIS	20,966.37	374.76
Misc JE's	AHC	T HARRIS	56,069.85	960.00
			<u>129,632.40</u>	<u>#####</u>

41003- Salaries - Accounting

Source	Facility	Employee	Amount	Hours
102014SHR	Middletown	Richert	78.75	3.00
112014SHR	Middletown	Richert	210.00	8.00
122014SHR	Middletown	Richert	210.00	8.00
012015SHR	Westfield	Dimonaco	63.00	3.00
022015SHR	Westfield	Vassallo	190.31	8.75
			<u>752.06</u>	<u>30.75</u>

Rocky Hill  
 Shared Employees  
 Provider 2006-C  
 Cost Year 09/30/2015

41004- Salaries - Social Service

Source	Facility	Employee	Amount	Hours
102014SHR	Bright view	Stifel	(2,630.00)	(131.50)
112014SHR	Bright view	Stifel	(2,110.00)	(105.50)
122014SHR	Bright view	Stifel	(2,565.00)	(128.25)
012015SHR	Bright view	Stifel	(1,265.00)	(63.25)
022015SHR	Bright view	Stifel	(755.00)	(37.75)
			<u>(9,325.00)</u>	<u>(466.25)</u>

41006- Maintenance

Source	Facility	Employee	Amount	Hours
032015SHR	Farmington Valley	Scheyd	35.75	3.25
			<u>35.75</u>	<u>3.25</u>

41007- Salaries Project

Source	Facility	Employee	Amount	Hours
JE#02-161117	Westfield	Sakowski	168.82	9.25
JE#03-161126	Westfield	Sakowski	73.00	4.00
			<u>241.82</u>	<u>13.25</u>

Rocky Hill  
Shared Employees  
Provider 2006-C  
Cost Year 09/30/2015

45001- Salaries - RN (SNF)

Source	Facility	Employee	Amount	Hours
JE#0521772	Healthport	Migliorai	1,681.50	44.25
JE#0521772	Healthport	Poole	323.25	7.75
			<u>2,004.75</u>	<u>52.00</u>

Rocky Hill  
Shared Employees  
Provider 2006-C  
Cost Year 09/30/2015

45002- Salaries - LPN (SNF)

Source	Facility	Employee	Amount	Hours
102014SHR	Ridgeview	Callahan	3,324.26	140.75
112014SHR	Ridgeview	Callahan	1,769.88	71.75
112014SHR	Coccoma	Holley	360.13	16.75
122014SHR	Ridgeview	Callahan	985.51	36.75
122014SHR	Farmington Valley	Mankus	91.77	3.50
062015SHR	Healthport	Curren	4,150.00	102.50
			<u>10,681.55</u>	<u>372.00</u>

45004- Salaries - LPN (SNF)

Source	Facility	Employee	Amount	Hours
042015SHR	Healthport	O'Brien	\$991.58	25.00
042015SHR	Healthport	O'Brien	\$1,586.53	40.00
042015SHR	Healthport	O'Brien	\$1,586.53	40.00

042015SHR	Healthport	O'Brien	<u>\$1,586.53</u>	<u>40.00</u>
			<u>\$5,751.17</u>	<u>145.00</u>

Rocky Hill  
 Shared Employees  
 Provider 2006-C  
 Cost Year 09/30/2015

45017- Salaries - MDS Coordinator

Source	Facility	Employee	Amount	Hours
112014SHR	Healthport	Migliorati	684.00	18.00
122014SHR	Healthport	not in file	1,691.00	37.14
012014SHR	Healthport	Herrick	1,283.50	37.75
012014SHR	Healthport	Migliorati	1,073.50	28.25
022015SHR	Rose Haven	Duggan-yeelson	680.00	20.00
022015SHR	Fowler	Barcewicz	563.58	18.00
022015SHR	Fowler	Kopp	268.40	8.00
022015SHR	Healthport	Herrick	119.00	3.50
022015SHR	Healthport	Migliorati	2,641.00	69.50
032015SHR	Wolcott	Maureen Jed	150.60	5.00
032015SHR	Rose Haven	Duggan-yeelson	204.00	6.00
032015SHR	Healthport	Herrick	416.50	12.25
			<u>9,775.08</u>	<u>263.39</u>

50001- Salaries- Dietician

Source	Facility	Employee	Amount	Hours
JE#10-153495	Colchester	Pollak	(1,110.00)	(37.00)
JE#10-158634	Colchester	Pollak	(810.00)	(27.00)
122014SHR	West Haven	Cox	112.00	4.00
122014SHR	Colchester	Pollak	(1,485.00)	(49.50)
JE#01-161182	Colchester	Pollak	(270.00)	(9.00)
JE#02-161177	Colchester	Pollak	(270.00)	(9.00)
JE#03-161178	Colchester	Pollak	(270.00)	(9.00)
			<u>(4,103.00)</u>	<u>(136.50)</u>

50002- Salaries -Chefs

Source	Facility	Employee	Amount	Hours
102014SHR	Ledgecrest	Sadik	(1,001.00)	(71.50)
112014SHR	Ledgecrest	Sadik	(675.50)	(48.25)
122014SHR	Ledgecrest	Gentile	48.75	5.00

122014SHR	Ledgecrest	Sadik	(327.25)	(20.75)
012015SHR	Ledgecrest	Sadik	(395.50)	(23.50)
022015SHR	Ledgecrest	Sadik	(150.50)	(10.75)
022015SHR	Ledgecrest	Sadik	(147.00)	(10.50)
			<u>(2,648.00)</u>	<u>(180.25)</u>

50003- Dairy Aides

Source	Facility	Employee	Amount	Hours
122014SHR	Ledgecrest	Koni	256.00	24.00
JE#02-161176	Ledgecrest	Sadik	(210.00)	(15.00)
			<u>46.00</u>	<u>9.00</u>

Total Facility	115,032.42	#####
Total Healthport	19,814.42	505.89

<u>Total Shared</u>	<u>134,846.84</u>	<u>#####</u>
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Rocky Hill  
Shared Employees  
Provider 2006-C  
Cost Year 09/30/2015

## 45022- RN Purchase Service Healthport

Source	Facility	Employee	Amount	Hours
102014SHR	Healthport	Massarelli	331.50	8.50
112014SHR	Healthport	Tabin	178.50	4.25
112014SHR	Healthport	Henry	304.00	8.75
112014SHR	Healthport	Buchanan	363.50	8.75
122014SHR	Healthport	Poole	292.50	7.50
122014SHR	Healthport	Buchanan	1,157.00	28.00
122014SHR	Healthport	Pajot	347.75	8.75
122014SHR	Healthport	Brine	672.00	16.00
122014SHR	Healthport	Schilder	625.50	15.25
012015SHR	Healthport	Solosky	709.25	16.75
012015SHR	Healthport	Poole	729.00	17.75
012015SHR	Healthport	Henry	917.00	26.50
012015SHR	Healthport	Buchanan	3,545.00	86.00
012015SHR	Healthport	Massarelli	1,593.75	38.25
022015SHR	Healthport	Buchanan	993.00	24.50
022015SHR	Healthport	Pajot	662.25	17.25
032015SHR	Healthport	Poole	333.00	8.00
Indirect Alloc			9,131.57	
			<u>22,886.07</u>	<u>340.75</u>

Rocky Hill

Healthport

Provider 2006-C

Cost Year 09/30/2015

## 45023- LPN Purchase Service

Source	Facility	Employee	Amount	Hours
112014SHR	Healthport	Arshad	720.75	23.25
122014SHR	Healthport	Urgo	503.25	15.25
122014SHR	Healthport	Arshad	565.75	18.25
122014SHR	Healthport	Pinnock-Bennett	263.50	8.50
122014SHR	Healthport	Pierre	494.50	16.50
122014SHR	Healthport	LaCoss	720.00	22.50
122014SHR	Healthport	Alicea	496.00	16.00
122014SHR	Healthport	Pinamang	255.00	8.50
012015SHR	Healthport	Arshad	868.00	28.00
012015SHR	Healthport	Pinnock-Bennett	240.25	7.75
012015SHR	Healthport	Pierre	263.50	8.50
012015SHR	Healthport	Sewell	761.25	26.25
012015SHR	Healthport	Suprynowicz	543.75	18.75
012015SHR	Healthport	Alicea	544.50	17.00
022015SHR	Healthport	Arshad	519.25	16.75
022015SHR	Healthport	Gayle-Smith	577.50	19.25
022015SHR	Healthport	Pierre	294.50	9.50

022015SHR	Healthport	Sadoski	273.00	9.75
022015SHR	Healthport	Alicea	404.50	12.50
032015SHR	Healthport	Arshad	310.00	10.00
032015SHR	Healthport	Pierre	108.75	3.75
032015SHR	Healthport	Alicea	124.00	4.00

Indirect Alloc			5,454.76	
			<u>15,306.26</u>	<u>320.50</u>

<b>Total Healthport</b>			<b>38,192.33</b>	<b>661.25</b>
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Rocky Hill  
 Provider 2006-C  
 Cost Year 09/30/2015  
 Corporate Employees

41003-Salaries- Accounting

Source	Facility	Employee	Amount	Hours
191-93107	AHC Direct Cost	Various	3,343.00	
191-93105	AHC Direct Cost	Various	9,930.00	
		<b>Total</b>	<b>13,273.00</b>	<b>-</b>

Rocky Hill Shared Employee Smartlink Report

Reporting Period: From

3/8/2015 to

9/19/2015

HomeFelt

Emp Num	LastName	FirstName	yCode
29970177	Migliorati	Sandra	29
29970177	Migliorati	Sandra	29
19002555	WISNIOWSKI	LAURETTE	19
29970342	Pajot	Lisa	29
29970021	Libunao	Danilo	29
29970342	Pajot	Lisa	29
29970380	Schilder	Maureen	29
29970380	Schilder	Maureen	29
29970069	Poole	Lynn	29
29970069	Poole	Lynn	29
29970069	Poole	Lynn	29
29970262	Buchanan	Lydia	29
29970069	Poole	Lynn	29
29970069	Poole	Lynn	29
29970380	Schilder	Maureen	29
14971073	NELSON	MARJORY	14
29970069	Poole	Lynn	29
14971073	NELSON	MARJORY	14
29970360	Annicelli	Stefanie	29
29970342	Pajot	Lisa	29
29970069	Poole	Lynn	29
29970342	Pajot	Lisa	29
29970069	Poole	Lynn	29
29970342	Pajot	Lisa	29
29970069	Poole	Lynn	29
29970342	Pajot	Lisa	29
29970069	Poole	Lynn	29
29970342	Pajot	Lisa	29
29970069	Poole	Lynn	29

29970069 Poole	Lynn	29
29970342 Pajot	Lisa	29
29970069 Poole	Lynn	29
29970342 Pajot	Lisa	29
29970342 Pajot	Lisa	29
29970358 Alicea	Rosemary	29
29970271 Arshad	Mohamed	29
29970204 Bagley	Barbara	29
29970204 Bagley	Barbara	29
29970792 Edwards	Marcia	29
29970276 Gayle-Smith	Laverne	29
29970787 Kearns	Maureen	29
29615288 Lugo	Brenda	29
29970928 Marco	Anastacia	29
29970307 Sadoski	Aurora	29
29970307 Sadoski	Aurora	29
29970759 Spencer	Beverly	29
29970026 Stack	Stacy	29
29970026 Stack	Stacy	29
29000062 Curren	Susan	29
29970177 Migliorati	Sandra	29
29000067 Herrick	Holly	29

29000067 Herrick	Holly	29
29970177 Migliorati	Sandra	29
2096724 DUGGAN-YOELSON MARY		2



Healthport Srves	14 Rocky Hill	914-45001
Healthport Srves	14 Rocky Hill	914-45001
Healthport Srves	14 Rocky Hill	914-45001
Healthport Srves	14 Rocky Hill	914-45001
Healthport Srves	14 Rocky Hill	914-45002
Healthport Srves	14 Rocky Hill	914-45002
Healthport Srves	14 Rocky Hill	914-45002
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Healthport Srves	14 Rocky Hill	914-45004
Healthport Srves	14 Rocky Hill	914-45004
Healthport Srves	14 Rocky Hill	914-45004
Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017

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Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017
Healthport Srves	14 Rocky Hill	914-45017
Rose Haven	14 Rocky Hill	914-45017

GL Description	PayDate
Salaries - MDS Clerical - JobTitle = MDS Clerical Support	3/26/2015
Salaries - MDS Clerical - JobTitle = MDS Clerical Support	a 4/2/2015
	<b>Total</b>
Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/10/2015
	<b>Total</b>
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015

Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015
	<b>Total</b>
Salaries LPN - JobTitle = LPN SNF	3/26/2015
Salaries LPN - JobTitle = LPN SNF	3/19/2015
Salaries LPN - JobTitle = LPN SNF	3/26/2015
Salaries LPN - JobTitle = LPN SNF	4/2/2015
Salaries LPN - JobTitle = LPN SNF	5/21/2015
Salaries LPN - JobTitle = LPN SNF	9/10/2015
Salaries LPN - JobTitle = LPN SNF	9/17/2015
Salaries LPN - JobTitle = LPN SNF	3/19/2015
Salaries LPN - JobTitle = LPN SNF	9/17/2015
Salaries LPN - JobTitle = LPN SNF	7/16/2015
Salaries LPN - JobTitle = LPN SNF	4/2/2015
Salaries LPN - JobTitle = LPN SNF	9/10/2015
Salaries LPN - JobTitle = LPN SNF	7/2/2015
Salaries LPN - JobTitle = LPN SNF	9/24/2015
Salaries LPN - JobTitle = LPN SNF	3/26/2015
Salaries LPN - JobTitle = LPN SNF	4/9/2015
Salaries LPN - JobTitle = LPN SNF	6/18/2015
Salaries LPN - JobTitle = LPN SNF	4/2/2015
Salaries LPN - JobTitle = LPN SNF	9/24/2015
	<b>Total</b>
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	5/7/2015
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	5/14/2015
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	5/21/2015
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	5/28/2015
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	3/19/2015
	<b>Total</b>
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/9/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/16/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/23/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/30/2015

Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/14/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/11/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/16/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/23/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/20/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/27/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/9/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/23/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/30/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/7/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/21/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/28/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/30/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/6/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/13/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/20/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/3/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/10/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/17/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/24/2015
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/7/2015

<b>Total</b>
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<b>Healthport Total</b>
<b>Grand Total</b>

Report Date 1/4/2016

Hours	Dollars
32.25	1225.5
35	1330
<b>67.25</b>	<b>2555.5</b>
1.75	44.68
<b>1.75</b>	<b>44.68</b>
9.5	351.5
18.5	526.75
9.25	342.25
26.5	384.75
25.5	365.25
22.5	323.25
111.75	<b>2293.75</b>
23.25	333.75
22.5	323.25
45	646.5
31.25	349.5
22	313.5
144	<b>1966.5</b>
30.75	<b>364.5</b>
8.5	<b>165.75</b>
-44.5	-550.5
95	<b>1296.63</b>
-58.75	-911
26	<b>312</b>
17.25	<b>366.25</b>
44	<b>627</b>
16.75	<b>347.75</b>
43.25	<b>649.5</b>
178.25	2667.88
16.75	347.75
22.5	323.25
16.75	347.75
23	333

49	724.5
128	<b>2076.25</b>

17.5	375.5
69.75	1017.75
16.75	347.75
104	<b>1741</b>

17	<b>357</b>
<b>683</b>	<b>11102.38</b>

17	527
18.5	286.75
18	279
40	620
19	294.5
23	356.15
15.5	352.63
8.25	255.75
16.5	272.25
18	288
19.5	292.5
19	424.33
8.5	238
35	577.5
8	120
8.5	238
7.75	232.5
18.75	338.5
19	304

<b>337.75</b>	<b>6297.36</b>
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33.75	1350
33.75	1350
33.25	1330
34.25	1370
48.93	1030.54

<b>183.93</b>	<b>6430.54</b>
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6	204
11	374
10.5	357
6.75	229.5

12.25	416.5
5.75	195.5
15.5	463
5.75	195.5
6.5	221
12.25	416.5
20	688
8.25	313.5
34	1292
26.25	997.5
38.25	1363.5
32.25	1225.5
31	1178
24.5	931
29.75	1130.5
31	1178
18.5	703
8.75	332.5
9.25	351.5
7.25	275.5
5.5	187

<b>416.75</b>	<b>15219.5</b>
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<b>1719.18</b>	<b>40324.28</b>
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<b>2,356.43</b>	<b>#####</b>
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## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.  
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

N/A

## General Information and Questionnaire Leases (Excluding Real Property)

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Apple Rehab Rocky Hill			License No. 2006-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
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Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ 5,810
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 7,835

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes     No    Pg. 15 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Summa & Ryan 2 Law Offices of Jason DeGenaro 3 Clerk of the Superior Court 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)

1 1921 Holmes Ave., Waterbury, CT 06702
2 29 Water St., Guilford, CT 06437
3 80 Washington St, Hartford, CT 06106
4
5

Services Provided by This Firm (*describe fully*)

1 Legal Advice	\$ 840
2 Collections disallow on pg 28	\$ 2,703
3 Litigation	\$ 90
4	\$
5	\$
	Charge for Services Provided
	\$ 3,633

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes     No    Pg. 15 1e

**Schedule of Resident Statistics**

Name of Facility Apple Rehab Rocky Hill			License No. 2006-C			Report for Year Ended 9/30/2015				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	97	97			97	97			97	97		
B. As of midnight of THIS report period	84	84			84	84			84	84		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,462	4,462			4,141	4,141			321	321		
B. Medicaid (Conn.)	23,140	23,140			19,336	19,336			3,804	3,804		
C. Medicaid (other states)												
D. Private Pay	5,513	5,513			5,291	5,291			222	222		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	33,115	33,115			28,768	28,768			4,347	4,347		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	33,115	33,115			28,768	28,768			4,347	4,347		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Rocky Hill			License No. 2006-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		55		18								
Per Diem Rate													
a. One bed rm.					430.00								
b. Two bed rms.	Various Rugs III		212.47		408.50								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,743	2,743				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								16,893	16,893				
D. <b>Total Physical Therapy Treatments</b>								19,636	19,636				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								491	491				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								897	897				
D. <b>Total Speech Therapy Treatments</b>								1,388	1,388				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,088	3,088				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								17,103	17,103				
D. <b>Total Occupational Therapy Treatments</b>								20,191	20,191				

### Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	124,609	2,237				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	90,764	5,486				
5. Dietary Service						
a. Head Dietitian	55,581	3,230				
b. Food Service Supervisor	59,320	892				
c. Dietary Workers	392,592	25,845				
6. Housekeeping Service						
a. Head Housekeeper	29,451	1,747				
b. Other Housekeeping Workers	202,423	13,281				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	80,303	4,376				
8. Laundry Service						
a. Supervisor	6,400	384				
b. Other Laundry Workers	138,597	9,427				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	122,840	4,444				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	146,259	3,019				
b. RN						
1. Direct Care	568,543	16,863				
2. Administrative**	178,185	5,642				
c. LPN						
1. Direct Care	1,028,847	40,813				
2. Administrative**						
d. Aides and Attendants	1,783,251	107,429				
e. Physical Therapists	20,518	1,465				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	81,284	4,799				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	131,351	5,517				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,241,118	256,894				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.



**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab Rocky Hill				2006-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Rocky Hill				2006-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Norma B. Mulling	21,154				Admin 10/1/2014-4/11/2015	440				
Pam Miller	31,442				Admin 4/11/15-7/11/2015	496				
Tom Harris	72,013				Admin 7/11/15-9/30/15	1,301				
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Rocky Hill	2006-C	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b>						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	10,146	115				
3. Pharmacist	9,439	89				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	327,936	4,909				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	40,800					
b. Utilization Review (Title 18 and 19 only) monthly meeting	850	7				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	61,618	347				
b. Other						
10. Occupational Therapist						
a. Resident Care	340,605	5,048				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	22,886	341				
2. Administrative***						
b. LPN						
1. Direct Care	15,306	321				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	71,239	230				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>900,824</b>	<b>11,406</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility Apple Rehab Rocky Hill		License No. 2006-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Harmony Healthcare International.430 Boston St Ste 104, Topsfield, CT	Healthcare Management Consultation	<input type="radio"/>	<input checked="" type="radio"/>		
Jacques Mendelsohn 506 Cromwell Ave.Rocky Hill, CT	Medical Director & Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Medical & Dental Group One Prestige Drive Meriden CT	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Andrew Schachter, MD 1260 Silas Deane Hwy Wethersfield, CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Elmo Billanueva 355 Brook St. Rocky Hill CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Rosemary Spinelli-Reyes 55 Jody Dr. Wallingford, CT	Wound Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright 150 Cambridge Park Drive, Suite 301, Cambridge, MA 02140	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 246,668	246,668			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 100,690	100,690			
4. Social Security (F.I.C.A.)	\$ 366,236	366,236			
5. Health Insurance	\$ 544,909	544,909			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 14,360	14,360			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 23,605	23,605			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 773,780	773,780			
d. Accounting and Auditing	\$ 7,835	7,835			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 3,633	3,633			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 21,132	21,132			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 33,142	33,142			
2. Cellular Phones	\$				
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 652,861	652,861			
<b>Subtotal</b>	\$ 2,788,849	2,788,849			

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)



**C. Expenditures Other Than Salaries (cont'd) - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,788,849	2,788,849		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 3,344	3,344			
2. Holiday Parties for Staff	\$ 575	575			
3. Gifts to Staff and Residents	\$ 8,212	8,212			
4. Employee Travel	\$ 1,396	1,396			
5. Education Expenses Related to Seminars and Conventions	\$ 351	351			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 50	50			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 91	91			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 16,725	16,725			
4. Fund-Raising***	\$				
5. Medical Records	\$ 5,762	5,762			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,634	4,634			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,189	8,189			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,350	1,350			
9. Subscriptions	\$ 6,142	6,142			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 612,285	612,285			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 89,767	89,767			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,547,720	3,547,720			

\* Do not include Subscriptions, which should go in item 9.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 16,725		
<b>Total Other Advertising</b>	\$ 16,725	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,189		
<b>Total Dues</b>	\$ 8,189	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	\$ -		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 47,739		
Licenses & Fees	\$ 7,371		
Pre Employment Screening	\$ 10,936		
Point Click Care Fees	\$ 10,332		
Bank Charges	\$ -		
Resident Expenses	\$ 7,804		
Account Write Off	\$ -		
User Fee Audit	\$ 5,585		
<b>Total Other Administrative and General</b>	\$ 89,767	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	612,285	Accounting & Managerial Services	Pg. 16 m12

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility Apple Rehab Rocky Hill		License No. 2006-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	307,192	307,192		
2. Non-Food Supplies	\$	58,897	58,897		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	3,573	3,573		
c. Management Services**					
	\$				
d. Other (Specify) _____					
	\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	369,662	369,662	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals:	Total no. of meals served per day:*	272	272		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility Apple Rehab Rocky Hill		License No. 2006-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	10,809	10,809	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$	12,455	12,455	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	23,264	23,264	
<b>3F. Laundry Questionnaire</b>					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care  
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Rocky Hill	2006-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	34,787	34,787		
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	24,548	24,548		
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced				
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel				
	Amt. \$	734	734		
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	25,282	25,282		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat/West River Pharmacy	\$	370,969	370,969		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	330,789	330,789		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	18,434	18,434		
f. X-rays and Related Radiological Procedures***	\$	48,311	48,311		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	15,635	15,635		
i. Recreation	\$	31,340	31,340		
j. Other (Specify)**** See Attached Schedule	\$	36,306	36,306		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	851,784	851,784		

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 6,827		
Rehab Service Supplies	\$ 11,378		
IV Therapy Supplies	\$ 18,101		
Social Service Supplies	\$ -		
<b>Total Other Resident Care</b>	\$ 36,306	\$ -	\$ -

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**Report of Expenditures**  
**Schedule C-2 - Individuals or Firms Providing Services by Contract \***

Name of Facility Apple Rehab Rocky Hill			License No. 2006-C		Report for Year Ended 9/30/2015				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	18,777			22	6f
Crowley Landscaping, Inc	P.O Box 310412, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Snow removal and Landscaping	12,869			22	6 a
Perfecttemp Heating & Air Conditioning	635 Old Turnpike Road Plantsville, Ct 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning	17,791			22	6 a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

### C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 149,119	149,119				
b. Heat	\$ 19,617	19,617				
c. Light & Power	\$ 85,602	85,602				
d. Water	\$ 43,349	43,349				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 24,810	24,810				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 322,498	322,498				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 37,055	37,055				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 37,055	37,055				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 92,291	92,291				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 92,291	92,291				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 528,000	528,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 94,865	94,865				
c. Personal property taxes	\$ 13,656	13,656				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 765,867	765,867				

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.





Apple Rehab Rocky Hill  
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
8/18/2014	Water Heater (Perfectemp)	5,200	ME-10	565.2
10/14/2014	wireless control w/AP lic (Jks)	2,161	ME-5	540.3
1/21/2015	Desktop Computer for MDS	521	ME-5	38.4
3/19/2015	Payroll System Upgrad-Time Clocks	1,233	ME-10	42.0
3/19/2015	Payroll System Upgrad-Time Clocks	1,196	ME-10	40.8
6/4/2015	Install Wireless Network Controllers	177	ME-5	10.0
<b>Total additions for Movable Equipment</b>		10,488		\$ 1,237 *
<b>Deletions:</b>				
9/30/2015	Copier (Northeast)	(6,437)		
9/30/2015	Mita Copier (Northeast)	(7,902)		
9/30/2015	Mita Copier (Northeast)	(1,267)		
9/30/2015	mita Copier (Advanced Copy Technologies)	(4,876)		
9/30/2015	Photo copier (Advanced Copy)	(11,448)		
<b>Total deletions for Movable Equipment</b>		(31,930)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
8/24/2015	Nurse Call System (Elizabeth Simonetti)	\$ 4,000	LHI-10	\$ 59
<b>Total additions for Leasehold Improvement</b>		\$ 4,000		\$ 59 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility Apple Rehab Rocky Hill			License No. 2006-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var			2,152,653	1,399,926	A		92,232	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var			4,000				59	
C-4. Subtotal									92,291
<b>D. Total Amortization</b>									92,291

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

**C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire**

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		34,787		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed		See Attached		
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.**

## CT Medicaid Cost Rep

- A.
- B.
- C.
- D.
- E.
- F.

Note: The following facilities are collateralized by this mortga

**ort Attachment Page 25**

	Original Mortgage	6 Month extension
Type of Financing (e.g. fixed, variable)	Fixed	
Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
Interest Rate For the Cost Year	6.44%	2.08%
Term of Mortgage (number of years)	7 Yrs.	6 month
Amount of Principal Borrowed	119,500,000	
Principal Balance Outstanding as of 9/30/15	100,562,320	

age.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.  
Rose Haven, Ltd.  
Mary Elizabeth Nursing Center, Inc.  
Fowler Nursing Center, Inc.  
Waterbury Extended Care Facility, Inc.  
Harbor View Nursing Center, Inc.  
Liberty Hall Nursing Center  
Orchard Grove Specialty Care  
Wolcott Hall Nursing Center, Inc.  
Hewitt Health and Rehabilitation Center, Inc.  
Watrous Nursing Center  
Elm Hill Nursing Center, Inc.  
Gardner Heights Health Care Center, Inc.  
Shelton lakes Health Care Center, Inc.  
Highview Health Care Center, Inc.  
Westfield Manor Health Care Center, Inc.  
TA Cocomo Memorial  
Plainville Health Care Center, Inc.  
Ledgecrest Health Care Center, Inc.  
Ridgeview Health Care Center, Inc.  
The Kent, Ltd.  
Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.  
The Clipper Home, Inc.

**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Rocky Hill		2006-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility		License No.		Report for Year Ended		Page	of
Apple Rehab Rocky Hill		2006-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	9,170	9,170	
Value Health Interest/Town of Rocky Hill							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	9,170	9,170	
14. Insurance							
a. Insurance on Property (buildings only)				\$	98,594	98,594	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	98,594	98,594	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	12,155,783	12,155,783	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Rocky Hill			2006-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 721	721		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 340,605	340,605		
7.			Other - See attached Schedule	\$ 40,800	40,800		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 773,780	773,780		
10.	15	1d/e	Accounting & Legal	\$ 8,603	8,603		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 16,725	16,725		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 133,623	133,623		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 50	50		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 1,314,907	1,314,907		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing	\$ 721		
<b>Total Other Salaries Adjustment</b>			\$ 721	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8	Medical Director	\$ 40,800		
<b>Total Other Fees Adjustments</b>			\$ 40,800	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 47,739		
16	1.3	Employee Recognition/Gifts/Parties	\$ 8,212		
16	8a	Chamber of Commerce	\$ 1,350		
16	m13	Bank Charges	\$ -		
16	m13	Harmony HealthCare	\$ 64,516		
16	m13	Resident Expenses	\$ 7,804		
16	m13	Account Write Off	\$ 4,002		
<b>Total Other A&amp;G Adjustments</b>			\$ 133,623	\$ -	\$ -

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Rocky Hill			2006-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,314,907	1,314,907		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 370,856	370,856		
28.	16	L1	Ambulance/Limousine	\$ 3,344	3,344		
29.	20	h	X-rays, etc	\$ 48,311	48,311		
30.	20	f	Laboratory	\$ 15,635	15,635		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 11,210	11,210		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 29,479	29,479		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$ 800	800		
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 0	0		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 9,891	9,891		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,804,433	1,804,433		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Apple Rehab Rocky Hill  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 18,101		
20	5j	Rehab Service Supplies	\$ 11,378		
<b>Total Other Ancillary Costs</b>			\$ 29,479	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 D	Value Health Care Term Note Interest	\$ 5,091		
27	12 D	Town of Rocky Hill	\$ 4,079		
Var	Var	Outpatient Therapy Services	\$ 721		
<b>Total Other Adjustments</b>			\$ 9,891	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 5,413,183	5,413,183			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,268,570	2,268,570			
b. Medicare Room and Board Contractual Allowance **	\$ 578,387	578,387			
4. a. Private-Pay Residents and Other	\$ 2,206,060	2,206,060			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 248,160	248,160			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (248,160)	(248,160)			
c. Prescription Drugs - Non-Medicare	\$ 96,884	96,884			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (95,432)	(95,432)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 543,672	543,672			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (460,560)	(460,560)			
c. Physical Therapy - Non-Medicare	\$ 143,598	143,598			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (142,933)	(142,933)			
4. a. Speech Therapy - Medicare	\$ 48,737	48,737			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (29,610)	(29,610)			
c. Speech Therapy - Non-Medicare	\$ 13,995	13,995			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (13,725)	(13,725)			
5. a. Occupational Therapy - Medicare	\$ 738,724	738,724			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (618,436)	(618,436)			
c. Occupational Therapy - Non-Medicare	\$ 169,875	169,875			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (169,200)	(169,200)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,691,790	10,691,790			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 50	50			
2. Rental of rooms to non-residents	\$ 800	800			
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 0	0			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 4,495	4,495			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 5,345	5,345			
<b>VI. Total All Revenue</b> (III +V)	\$ 10,697,135	10,697,135			

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	1,368,940	\$ 0		
<b>Total Interest Income</b>			\$ 0	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Copying Fees	\$ 465		
30 IV 8	Colonial Refund	\$ 28		
30 IV 8	Account W/O	\$ 4,002		
<b>Total Other Revenue</b>		\$ 4,495	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	5,607
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,368,940
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	23,102
5. Prepaid Expenses			\$	35,299
a. Prepaid Insurance	8,383			
b. Prepaid Property Tax	26,916			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	4,133
Due Affiliate (Debit Balance)				
A/P Patient Exchange	4,133			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,437,082
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,156,653</u>		\$	664,437
	Accum. Depreciation <u>1,492,216</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>51,057</u>		\$	
	Accum. Depreciation <u>51,057</u>	Net		
6. Movable Equipment	*Historical Cost <u>655,936</u>		\$	155,248
	Accum. Depreciation <u>500,687</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	419,337
Construction in Progress	9,816			
Fixed Asset Clearing Account	409,521			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,239,023

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	2,676,104
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	1,600
Capitalized Refinance Expense		1,600		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	1,600
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,677,704

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).



### G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				3,471,691
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 1,010,062
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	1,010,062	Demand		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Security Deposit				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,010,062
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,481,752

**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	6,804,554
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(7,150,954)
6. Gain or Loss for Period			\$	(1,458,648)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(1,804,048)
<b>C. Total Reserves and Net Worth</b>			\$	(1,804,048)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,677,704

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Rocky Hill	2006-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(339,188)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	10,697,135
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	12,155,783
D. Net Income or Deficit			\$	(1,458,648)
E. Balance			\$	(1,797,836)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	6,212
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Brian J. Foley		President	6,212	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	6,212
H. <b>Balance at End of Period</b>			\$	<b>(1,804,048)</b>
				09/30/15

### I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Rocky Hill	License No. 2006-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		